MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS F	ILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMEN	
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95 96			+	+-		+
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100	+	+	+	+	+	
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TOTAL DEP.	1					_
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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